

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-003220

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

887

FILED JAN 31 1963

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

ST. LOUIS

MO

Length of stay in 1b

7 YEARS

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

3718 WINNEBAGO

Inside Limits

Yes ☒ No ☐

c. CITY

OR TOWN

ST. LOUIS

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

3718 WINNEBAGO

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

MABEL

FRANCES

BEINTRUP

4. DATE OF DEATH

Month

Day

Year

1-27-1963

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

11-20-1893

9. AGE (last birthday)

69

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

REGISTERED NURSE

10b. KIND OF BUSINESS OR INDUSTRY

NURSING

11. BIRTHPLACE (City and state or country)

STEEBENVILLE, O.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

THOMAS G. ROGAN

13b. MOTHER'S MAIDEN NAME

CATHERINE DOYLE

14. NAME OF HUSBAND OR WIFE

JOHN A. BEINTRUP

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

NO

16. SOCIAL SECURITY NO.

35

17. INFORMANT

MARGARET JOYCE

Address

3718 WINNEBAGO

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Chronic degenerative heart disease

INTERVAL BETWEEN ONSET AND DEATH

Feb 1966

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

carcinoma of breast

DUE TO (c)

170X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Feb 1, 1960 to Jan 27, 1963 and last saw her alive on Jan 27, 1963. Death occurred at 7:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

3720 Washington

1-28-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

1-30-63

23c. NAME OF CEMETERY

MT. CARMEL

23d. LOCATION (City, town, or county)

BELEVILLE

(State)

166.

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

HOWARD H. MICHEL 5930 SOUTHWEST

JAN 28 1963

Roan Smith, M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

ITEM NO.

DATE AMENDED

VS 300

Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

W E Morris

Licensed Embalmer No.

3360

P. O. Address

St Louis, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.

If this body is not embalmed, fact should be so stated above.